

## GOVERNMENT TRAVEL CARD (INDIVIDUALLY BILLED ACCOUNT) SETUP FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

### SECTION I

#### INSTRUCTIONS

1. To add a new account, Cardholder completes Section II and signs in Section VI, AOPC completes Sections III through V and signs in Section VII.
2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files.
3. Fax to (904) 954-8710 or Mail to Citibank Government Card Services, P.O. Box 45134, Jacksonville, FL 32232-5134.

### SECTION II

#### CARDHOLDER INFORMATION (Please Print)

\*Last Name of Cardholder                      \*First Name                      \*Middle Initial (maximum 20 characters)

\*Agency/Organization Name (maximum 24 characters)                      \*Verification Information

4th Line Embossing                      Social Security Number

Home Mailing Street Address Line 1 (maximum 36 characters)                      \*Home Phone

Home Mailing Street Address Line 2 (maximum 36 characters)

\*City                      \*State                      \*Zip Code                      Country

\*Business Mailing Street Address Line 1 (maximum 36 characters)                      \*Business Phone

Business Mailing Street Address Line 2 (maximum 36 characters)

\*City                      \*State                      \*Zip Code                      Country  
☐ Yes    ☐ No

Email Address                      City Pair Program (check one)

Fax Number                      Discretionary Code 1 (maximum 12 characters)

Discretionary Code 2 (maximum 20 characters)                      Discretionary Code 3 (maximum 15 characters)

Master Accounting Code (maximum 75 characters)

### SECTION III

#### REPORTING PARAMETERS

\*Reporting Hierarchy: \_\_\_\_\_

\*Card Delivery ID# \_\_\_\_\_ (maximum 5 characters)

### SECTION IV

#### AUTHORIZATION PARAMETERS

Dollars per Transaction Limit: \$ \_\_\_\_\_ Travellers Cheques: Y \_\_\_\_\_ N \_\_\_\_\_

Dollars per Cycle Limit: \$ \_\_\_\_\_ ATM Access: Y \_\_\_\_\_ N \_\_\_\_\_

Number of Transactions: Daily \_\_\_\_\_ Cycle \_\_\_\_\_ ATM Access Limit: Daily \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Cycle \$ \_\_\_\_\_

### SECTION V

#### \*PLASTIC TYPE (Please check one of the following)

Government Standard \_\_\_\_\_ Quasi-Generic \_\_\_\_\_ Non-POS (White) \_\_\_\_\_ Generic \_\_\_\_\_

### SECTION VI

#### CARDHOLDER SIGNATURE

By signing this application, I acknowledge I have read the Citibank Government Card Services Travel Program Cardholder Account Agreement and agree to be bound by the terms and conditions as set forth in the Agreement.

\*Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION VII

#### AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE

\*Approving Agency/Organization Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Asterisked fields must be completed prior to submission.